



**U.S. Immigration  
and Customs  
Enforcement**

**ICE Health Services Corps (IHSC)**  
Enforcement and Removal Operations  
Immigration and Customs Enforcement

# **Physician Peer Review Guide**

**Approved by: J. Krohmer, MD**

**Title: ERO AD - IHSC**

**Date signed: 4/14/15**

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## Foreword

This *IHSC Physician Peer Review Guide* supplements the following IHSC Directive:

#01-11 (ERO # 11710.1), *Physician Peer Review*

This Guide explains concepts, assigns responsibilities and details procedures for conducting a peer review and oversight of the peer review process.

The intended audience is physicians and Health Services Administrators.

## **I. Introduction**

The IHSC Associate Medical Director (AMD) or designee conducts initial peer reviews for physicians six (6) months after hire and annual peer reviews thereafter. For purposes of this policy, the term “peer” refers to any practitioner who possesses the same or similar knowledge and training in a medical specialty as the physician whose care is the subject of review. Reviewers are always physicians assigned to IHSC.

### **A. Review Periods**

The AMD designates a physician reviewer who conducts the initial peer review at the completion of six (6) months of the physician's (the one being reviewed) employment with IHSC. Subsequent peer reviews are on an annual basis. The review process may be directed more frequently, as needed. The AMD coordinates and schedules the reviews.

### **B. Advance Preparation and Notification**

The IHSC credentialing office submits the names of physicians who require peer reviews to the IHSC AMD office sixty (60) days prior to the expiration of privileges. The AMD sends a notification letter to the physician being reviewed informing him or her that a peer review will be conducted within the next forty-five (45) days. The IHSC AMD or designee conducts the review.

Clinical Directors: Approximately sixty (60) days prior to the date of the review, the AMD assigns a physician, usually one of the Regional Clinical Directors (RCDs), to travel to the facility and conduct the peer review. In the event travel is not approved, the peer review will consist of a chart review only through the electronic medical record in accordance with the Physician Peer Review Guide, Section III, Peer Review Process.

If travel is approved, the AMD sends a memo (appendix B) and a copy of the agenda (appendix C) to the respective facility's HSA and physician, informing them of the upcoming review. Shortly thereafter, the reviewer negotiates a specific date for the review.

Two weeks prior to the review, the reviewing physician will contact the HSA and the physician under review to confirm the date and time of the review and interviews, if appropriate.

Staff physicians: A site visit is not required. Approximately 60 days prior to the date of the review, the IHSC AMD assigns a physician, usually one of the RCDs, to conduct the peer review and complete the chart review only in accordance with the Physician Peer Review Guide, Section III, Peer Review Process..

## **II. On-site - Day of Review.**

### **A. Meeting with the HSA/AHSA/Nurse Manager (15 min)**

Discuss the physician's communication styles/skills

Performance Improvement – Does the physician participate?

In-house consultation with the staff physician (if any) and mid-level providers – Is there a good working relationship?

Interaction outside of medical – Is the physician a team player?

Grievances – Do the number and types of grievances indicate any problems?

Areas of concern – Strengths/weaknesses

Future needs/concerns

### **B. Meeting with the physician being reviewed (approximately 60 min)**

Facility Information

Background Information/Skills/Certifications/CME/BLS

Support to other IHSC Facilities

Clinic Activities Support/Participation

- Interaction with administrative staff
- Daily clinic report
- PI program
- Staff meeting
- Mid-Level Providers meetings

Patient load

- On average, how many hours per week do you provide direct patient care? (Number of hours will vary depending on

the collateral duties, TDY, support to other facilities, etc.)

#### Sick Call

- How is sick call conducted?
- Is sick call limited to urgent care with routine care kept to a minimum?
- Is treatment provided within IHSC guidelines and mission standards?
- How are detainees informed of sick call/routine care protocol?

#### Routine Physical Examinations performed by Registered Nurse (RN)

- Documentation of initial training and/or annual recertification
- All physical examinations are reviewed in a timely manner
- Amount of PE pending to be reviewed/backlog

#### Chronic Care Clinics

- Number of patients in the chronic care clinics (CCC)
- Initial evaluation within 72 hours of arrival
- Timely follow-up
- Cases referred to the physician
- Patient Education – Do detainees receive patient education (in language of origin if not English speaking) in all face to face clinical encounters?

#### Medical Housing Units (MHU)

- Daily rounds
- Progress notes – Documentation
- Admission/treatment plan reviews and physician notifications

#### Outside Referrals

- What types of cases are referred to specialists?
- Review 5 outpatient referrals – Appropriate based on IHSC guidelines and technical/clinical considerations?
- Patient evaluated upon return to the facility?

#### Behavioral Health

- Relationship/collaboration with behavioral health staff
- Consent form completion
- Medication side effects monitoring (AIMS test if appropriate/ Metabolic syndrome, etc.)

#### Routine Care

- How is routine care accessed?
- Is treatment provided within IHSC guidelines and mission standards?

#### Emergency Care

- How are after hours emergencies handled?
- Does a Local Operating Procedure (LOP) exist to describe after hours procedures?
- Is the medical staff fully aware of this process?
- Review 5 ER referrals

#### Pharmacy Services

- Interaction with the pharmacy staff
- Pharmacy coverage when the pharmacist is on leave
- Participation in the Pharmacy and Therapeutics (P&T) committee
- Drug utilization studies

#### Mid-Level Providers, Registered Nurses, Others

- Competencies
- Treatment Plans/Charts review co-signatures
- Mentoring
- Training

#### Security

- Are there any security issues that you are concerned about?
- Do you feel safe working in this environment?

#### RCD Duties

- What are the RCD's duties when the physician being reviewed is away from the clinic?
- Review the chain of command
- Leave process
- Do you have any areas of concern now/future?

Compliance with American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC), and Performance-Based National Detention Standards (PBNDS)

### **C. Indirect Review of Clinical Care and Chart Review (3 hours)**

Record Selection. The Health Services Administrator (HSA) is responsible for directing the medical records staff to randomly select the required charts for review in accordance with the requirements outlined in Section III, Peer Review Process.

In accordance with Section III, Peer Review Process, the IHSC Medical Officer Quality Peer Review Instrument (Appendix A) provides the reviewing criteria and the Chart Review Data Form (Appendix D) is used to document the findings. The reviewer uses these instruments to evaluate 20 (if initial peer review) or 40 (if annual peer review) charts for compliance with each criteria.

If a site visit is performed, the compliance findings will be included in the final Peer Review Report (Appendix E) and the AMD Peer Review Letter

(Appendix F) will be completed. In cases where no site visit was performed, the findings will be documented in Appendix F only.

**D. Direct Review of Clinical Care (30-60 minutes)**

The reviewer evaluates patient clinical care, including but not limited to:

- Communication with the patient
- Standard Precautions: wearing of proper PPE if indicated, hand washing, etc.
- History collection
- Physical examination skills
- Patient Education

The information obtained for the direct review of clinical care is documented in the direct review of clinical findings section within the final Peer Review Report (Appendix E).

**E. Administrative Review (1 hour)**

The reviewer will evaluate several areas pertaining to the administrative realm for currency and accuracy, including but not limited to:

- Policy and Procedure Manual
- Credentialing File
- Licensure
- Board Certification
- CME
- BLS

**F. Preliminary Final Report Preparation (1 hour)**

Utilize the Peer Review Report (Appendix E).

**G. Closeout with the physician (30 min)**

Review program strengths/weaknesses for both clinical and administrative

issues

Inform the physician of program deficiencies, if any, that require corrective action

Give the physician a time frame and suggestions as how to correct the discrepancy(ies)

Inform the physician as to your recommendations to the AMD for re-credentialing

Ask the physician if they have any concerns or input

#### **H. Closeout with the HSA/AHSA (15-30 min)**

Review findings with the HSA/AHSA

Discuss program strength/weaknesses

Discuss any deficiencies that require any corrective action

Inform HSA that a copy of the report will be given to the facility for utilization during accreditation/recertification inspections

Inquire of any additional concerns or comments

#### **I. Final Report (within 2 weeks after returning from site visit)**

Finalize report after receiving comments from the physician being reviewed and the HSA.

Forward the final report with recommendations for re-credentialing to the AMD for review and signature

A copy of the report will be forwarded to the facility's HSA

Set time frame and follow up mechanism for any deficiencies that required corrective action

### **III. Peer Review Process**

#### **A. Initial Record Review**

The treatment rendered within IHSC must be within the accepted standards of care while at the same time adhering to IHSC policies and mission objectives. For this

purpose, the IHSC Clinical Practice Guidelines are used. The chart review at each facility is utilized to determine the quality of the treatment provided at the facility and to assess which areas or procedures require risk management. Findings from the chart review should be shared with the physician being reviewed and recommendations should be made in the final program review report in order to address these issues.

The IHSC Medical Officer Quality Peer Review Instrument (Appendix A) and the Chart Review Data Form (Appendix D) should be used to record positive and negative findings associated with the chart review criteria.

The patient A (Alien) number for each reviewed chart should be placed in the designated area at the top of the form. The letter "Y" (for yes) should be placed beside the criterion number if the chart is compliant for that criterion. The letter "N" (for no) should be placed beside the criterion number if the chart is not compliant for the criterion. The letters "NA" (for not applicable) should be placed beside the criterion number if the criterion is not applicable. There is space available for brief comments on the form. Twenty records will be selected for the initial peer review, conducted after six (6) months of assignment. It is recommended that the following records be evaluated:

Hypertension

Diabetes mellitus

HIV

Seizure Disorder

Tuberculosis

Mental Health

Other chronic care conditions

For sites with an SSU, 5 additional charts are reviewed.

Note: The reviewer has the option to review additional charts, if indicated, to determine the most accurate review possible.

When the chart review is completed, findings should be discussed with the physician being reviewed. Recommendations should be made on the program review report and a date for re-evaluation should be scheduled, if necessary. During the time period before the re-evaluation, the physician being reviewed should be advised to determine the corrective actions necessary to become sufficiently compliant and should work to become compliant, based on the review criteria.

If recommended, a second chart review will be conducted on the scheduled re-

evaluation date. The second review will be conducted by the IHSC AMD or designee. Questions regarding the chart review should be addressed to the IHSC AMD.

## **B. Annual Record Review**

The same conditions evaluated above during the initial review will be evaluated during subsequent peer reviews. The number of records evaluated will increase from twenty to 40 for the annual peer review evaluation process.

## **C. Additional Records.**

In addition to the medical conditions being evaluated above, a medical record for the following medical conditions will be evaluated, if applicable.

Hunger strike;

Suicide watch; and

Involuntary medication encounters.

## **D. Out Briefing.**

An out briefing is conducted with the physician being reviewed at the conclusion of the evaluation. A copy of the peer review report will be provided.

# **IV. Findings**

The process is transparent to the physician being reviewed to facilitate discussion and to clarify information. Findings will be recorded and reported on the IHSC Peer Review Report form (Appendix E). The peer review findings are reviewed with the physician being reviewed at the end of the review day (the review day should occur at least 14 days prior to expiration of the current clinical privilege end date). The document is maintained at the office of the AMD and as provided in the Employee Performance File System of Records, 65 Federal Register (Fed. Reg.) 24732 (April 27, 2000)

## **A. Review and Action Plan**

The review includes discussion and plans for improvement in any areas that are determined to be deficient. Negative findings are used to help identify and educate the physician in areas where improvement is warranted. A corrective action plan is required if the criteria compliance is below 90 percent overall or 85 percent in one criteria. The physician being reviewed is notified of all results and the reviewer physician provides time to explain any negative results. Opportunities for improvement and/or retraining are made available to the physician being reviewed on a reasonable basis as determined by the AMD. The peer review document is maintained by the office of the AMD (separate

from the credentialing file in a locked cabinet).

## **B. Determination of Findings**

Upon completion and review of the Peer Review, the office of the AMD submits a letter to the credentialing office confirming that the Peer Review has been completed. The letter indicating completion of the peer review is included as part of the privileging packet (Appendix F) and is submitted to the IHSC AMD for re-privileging.

## **C. Unsatisfactory Findings**

If a peer review is unsatisfactory, the AMD or designee develops a corrective action plan. A subsequent medical record review is conducted within a three (3) to six (6) month window. If upon observation, the practitioner's performance places patients in danger, appears to place the patient in harm's way, or the quality of care is compromised, the AMD will consider whether a recommendation to the Medical Director should be made to restrict or revoke clinical privileges and subsequently, initiate a request for an investigation in accordance with the IHSC Bylaws of the Medical Staff, Article VII.

## **APPENDIX A**

### **IHSC Physician Quality Peer Review Instrument**

**STANDARD 1. Chief complaint identified and includes onset, location, nature, duration, and prior treatment.**

- N** Chief complaint identified and no pertinent description has been documented/ illegible
- Y** Chief complaint identified and all pertinent description has been documented

**STANDARD 2. Subjective data was collected based on history and/or chief complaint.**

- N** Subjective data does not correlate with history and/or chief complaint/ illegible
- Y** Subjective data correlates with all the history and/or chief complaint

**STANDARD 3. Medical diagnoses supported by documented signs/symptoms.**

- N** There are no medical diagnoses documented / illegible
- Y** All medical diagnoses are supported by documented

**STANDARD 4. Previous laboratory and radiology reports are reviewed and appropriate follow-up addressed.**

- N** No previous laboratory reports addressed/ illegible
- Y** All previous laboratory reports addressed
- N/A** Laboratory and radiology reports not indicated

**STANDARD 5. Treatment Plan consistent with diagnosis.**

- N** Plan is inconsistent with diagnosis/ illegible
- Y** Plan consistent with diagnosis

**STANDARD 6. Condition documented on Problem Summary List (PSL).**

- N** Condition not listed on PSL/ illegible
- Y** Condition listed on PSL
- N/A** The diagnosis did not meet the criteria to be on the PSL

**STANDARD 7. Appropriate documentation to include food/drugs allergies if applicable.**

- N** No documentation of food/drugs allergies
- Y** Food/drugs allergies documented
- N/A** No food/ drugs allergies reported

**STANDARD 8. Appropriate documentation to include pain assessment if applicable.**

- N** No documentation of pain assessment
- Y** Pain assessment documented
- N/A** Pain assessment was not indicated

**STANDARD 9. Vital signs are entered (BP, HR, WT, TEMP, and RR).**

- N** No vital signs entered for visit
- Y** All vital signs entered for visit

**STANDARD 10. Abnormal vital signs addressed.**

- N** None of abnormal vital signs addressed/ illegible
- Y** Abnormal vital signs addressed
- N/A** No abnormal vital signs on this visit

**STANDARD 11. Detainee provided with education and verbalized an understanding of education and/or treatment.**

- N** No education was provided/ Illegible
- Y** Detainee provided with education (in language of origin if not English speaking) and verbalized understanding

**STANDARD 12. Appropriate referrals made for services not available on site.**

- N** No appropriate referrals were made/ Illegible
- Y** All referrals were appropriate
- N/A** A referral was not indicated

**STANDARD 13. Appropriate laboratory tests ordered.**

- N** Appropriate or indicated tests not ordered/ illegible
- Y** Appropriate tests ordered
- N/A** Laboratory tests not indicated

**STANDARD 14. Drug utilization/prescription appropriate.**

- N** Drugs utilized and/or prescribed were inappropriate/ illegible
- Y** All drugs utilized and/or prescribed were appropriate
- N/A** No drugs were utilized and/or prescribed

**STANDARD 15. Appropriate follow-up plan documented.**

- N** No follow-up plan documented/ illegible
- Y** Follow-up plan appropriate

**STANDARD 16. Provider signature present and name printed or stamped.**

- N** No/ illegible
- Y** Yes/ legible

## Appendix B - Peer Review Memo

U.S. Department of Homeland Security  
ICE Health Service Corps

< DATE >

MEMORANDUM TO: \_\_\_\_\_  
HEALTH SERVICES ADMINISTRATOR  
<NAME OF INSTITUTION>  
<ADDRESS

FROM: Dr.  
Associate Medical Director, IHSC

SUBJECT: Dr. Peer Review

I am sending this memorandum as an advanced notification of a formal peer review of Dr. \_\_\_\_\_, to be conducted on my behalf prior to renewal of his/her clinical privileges. I have selected Dr. \_\_\_\_\_, <NAME OF INSTITUTION> to conduct this peer review, and am seeking your concurrence to this review to be conducted during the month of \_\_\_\_\_, 20XX.

This peer review will provide valuable feedback to assist supervisors in evaluating the physician's performance, improve the efficiency and quality of health care delivery to the detainee population and provide documentation to support renewal of clinical privileges.

Please have Dr. \_\_\_\_\_ coordinate with Dr. \_\_\_\_\_ for a one day site visit. I would ask that you or your AHSA and the Nurse Manager be available for a short meeting in the morning and a short close out session in the afternoon.

In order to assist in a timely and accurate review, please have the following materials available for review:

- Credentialing files
- Clinic Policy and Procedure Manual
- Performance Improvement reports
- List of medical referrals within the last 12 months
- Forty (or 20 if first time) patient charts as per attachment A SOP
- Hypertension

Diabetes mellitus

HIV

Seizure Disorder

Tuberculosis

Mental Health

Hunger Strike

Suicide Watch

Other chronic care conditions

For sites with a Medical Housing Unit 5 additional charts will be reviewed.

Attached to this memorandum is a sample agenda for this one day peer review. Should you have any questions or concerns about this process, please contact either myself at (XXX) XXX XXXX,

Attachment: Peer Review Agenda

cc: Regional Clinical Director

## **Appendix C Peer Review Agenda**

### **PEER REVIEW AGENDA ICE HEALTH SERVICE CORPS**

#### **AM**

Meeting with HSA/AHSA/ Nurse Manager (15min)

Meeting with the physician being reviewed (60 min)

Indirect Review of Clinical Quality (2 hours)

Review of clinical charts

#### **PM**

Direct Review (60 min)

Administrative Review (60 min)

Prepare Initial Draft of Final Report (60 min)

Close Out with the physician being reviewed (30 min)

Close Out with HSA/AHSA (15 -30 min)

Please note the amount of time allotted for each section is an estimate and that the sequence of events may be modified to facilitate scheduling.

## Appendix D - Chart Review Data Form

IHSC Facility: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Reviewed: \_\_\_\_\_

Reviewing Physician: \_\_\_\_\_

Standard	Chart 1 _____	Chart 2 _____	Chart 3 _____	Chart 4 _____	Chart 5 _____	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

## **Appendix E - Peer Review Report**

### **ICE HEALTH SERVICE CORPS**

#### **Preliminary Information**

Clinic Information and Location:

Physician Being Reviewed:

Date of Review:

Reviewer:

#### **Background Information**

Training, experience, years in the PHS/ within IHSC, tenure in IHSC Institution  
overview, population, security levels

#### **Meeting with the HSA/ AHSA/ Nurse Manager**

#### **Meeting with the Physician being reviewed**

Clinic Activities Support/ participation

Patient load

Sick Call

Routine Physical Examinations performed by Registered Nurse (RN)

Chronic Care Clinics

Medical Housing Units (MHU)

Outside Referrals

Mental Health

Routine Care

Emergency Care

Pharmacy Services

Mid-Level Providers, Registered Nurses, others

Security

RCD Duties

ACA/NCCHC Compliance

**Indirect Review of Clinical Care Findings-Chart Review Findings**

Summarize results documented in the chart review section

**Direct Review of Clinical Care**

**Administrative Review Findings**

**Closeout with Physician being reviewed**

**Closeout with the HSA/AHSA**

**Summary**

Summarize overall strengths and weaknesses

List deficiencies if any, that will require corrective action

**Recommendations**

Recommendations for improvement

Time frame for corrective action items and any follow up action if needed

Recommendation for re-credentialing

Prepared by: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

## **Appendix F - AMD Peer Review Letter**

U.S. Department of Homeland Security  
Immigration and Custom Enforcement  
ICE Health Service Corps

NAME OF PHYSICIAN, MD/DO  
NAME OF FACILITY

This letter is to inform you that your Peer Review was completed on DATE OF THE REVIEW by NAME OF REVIEWER, MD/DO and resulted in expected outcomes as established by IHSC Peer Review Process.

Reviewed by:

NAME OF REVIEWER, MD

Date:

NAME

Associate Medical Director:

Date:

## **References**

### **Performance-Based National Detention Standards (PBNDS) 2011:**

Section 4.3 *Medical Care*, BB. *Administration of the Medical Department*, 3.  
*Peer Review*

### **American Correctional Association (ACA):**

Performance-Based Standards for Adult Local Detention Facilities, 4th  
Edition: 4-ALDF-4D-25 *Peer Review*

Standards for Adult Correctional Institutions, 4th edition: 4-4411 *Peer Review*

Performance-Based Standards for Correctional Health Care in Adult  
Correctional Institutions: 1-HC-4A-04 *Peer Review*

### **National Commission on Correctional Health Care (NCCHC):**

Standards for Health Services in Jails, 2014: J-C-02 *Clinical Performance  
Enhancement*